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Sialolithiasis of the Submandibular Gland

Vanja Maljkovic[1] and Boris Gaspirc[2]
[1]Zdravstveni dom Novo Mesto, Kandijska cesta 4, Novo Mesto,
[2]Department of Oral Medicine and Periodontology, Faculty of Medicine, University of Ljubljana

SUMMARY

Sialolithiasis is the most common disease of the salivary glands. Sialoliths are calcareous deposits in the ducts or the parenchyma of salivary glands. The most common sialoliths are of the submandibular gland due to the torturous course of the Warthon duct and the position of the glands, which leaves them prone to stasis. Clinically, it presents like an acute, painful, and intermittent swelling of the gland, especially during meals, when the saliva flow is increased. The degree of symptoms is dependent on the extent of salivary duct obstruction and the presence of secondary infection. The stone may totally or partially block the flow of saliva, causing salivary pooling within the duct and gland body. The mode of therapy depends on the size of the stone, the location, number of stones and whether the stone is impacted or mobile. Stones at or near the orifice of the duct can often be removed transorally, while the deeper stones require surgery. If the stone lies more posterior, in the intraglandular portion of the duct, the entire gland must be removed.

A twenty-two-year-old female patient developed a sialolith at the left submandibular duct. The first choice of treatment was surgical removal. In this particular case the method used was the less invasive Er:YAG laser-assisted surgical treatment. The sialolith could be seen through the opening of the duct and was removed under local anesthesia. The healing was uneventful and without complication, and no medication was needed.

Minimally invasive Er:YAG laser-assisted surgical treatment offers an alternative to conventional surgical salivary stone removal.

Laser-Assisted Frenectomy and Vestibuloplasty

Tea Malnar[1] and Boris Gaspirc[2]
[1]Zdravstveni dom Novo Mesto, Kandijska cesta 4, Novo Mesto,
[2]Department of Oral Medicine and Periodontology, Faculty of Medicine, University of Ljubljana

SUMMARY

Predictable and optimal coverage of exposed root surfaces is an important goal in periodontal plastic surgery. The frenulum exerts a pull upon the tissue and can lead to the continuation of the lesion, and the keratinized tissue provides increased resistance to the periodontium. Various techniques have been used to deepen the vestibule and increase the keratinized mucosa. This article presents cases of frenulum pull causing gingival recessions that were corrected with laser-assisted frenectomy accompanied by a vestibuloplasty procedure. The surgical procedure produced a narrow band of keratinized-like tissue that reduced the progression of gingival recessions. The Nd:YAG laser seemed to be, due to its cutting ability and hemostatic effect, an appropriate tool for resolving oral soft-tissue defects.